

which have elapsed since he first resorted to it, he has met with excellent results in some cases.

GEORGE R. FOWLER (Brooklyn).

IV. Battey's Operation. By PROF. CLEMENTI (Italy). This method deserves to be seriously considered as it is a certain method of curing rebellious metrorrhagias. In the case of a woman æt. 40 years, operated on by me three years ago, the patient had suffered with very severe metrorrhagia for 8 years previous. The trouble was probably multiple fibro-myoma of the uterus. As every means employed had failed, I did a salpingo-oophorectomy, in preference to a supra-vaginal hysterectomy, the first operation being much less serious than the second one. The cure was complete in 19 days, and has persisted up to date, which makes 3 years.

The fundus of the uterus, which, before the operation, was 3 inches above the symphysis pubis, is now on a level with it. The general state is very much better. The only things of which the patient complains are headache and congestion of the face which occur at periods corresponding to menstruation. Is Battey's operation to be performed in all cases of metrorrhagia or tumors of the uterus? Yes, for cases in which all other treatment has failed.

Dr. Bottini.—Since the publication of Meyer's statistics, the operation of Battey has lost ground, and it seems to-day that the intervention is justified only in cases of grave hysteria. It is true, that after the extirpation of the ovaries the uterine tumors diminish in volume and cease to grow, but when the abdomen is open why should we restrict ourselves to the extirpation of the ovaries and leave the uterus in position?

Dr. Bassini.—Although I am very much in favor of the extirpation of the uterus, I nevertheless meet with cases in which I am obliged to employ Battey's operation; that is, in cases in which the tumor is interstitial and deeply situated in the posterior wall of the uterus. The results obtained have been good—cessation of metrorrhagia and sometimes a considerable diminution in the size of the tumor.

Dr. Durante.—By the electric treatment, much better results are ob-

tained than by oophorectomies. I think that before having recourse to the operation, the surgeon must first try the electric treatment; a few séances will be sufficient to tell whether or not electrolysis will do any good.—*Med. and Surg. Reporter*, June, 1889.

V. A Case of Cæsarean Section. By G. BOUILLY (Paris). The patient presented a regular contracted pelvis with a promontory-subpubic diameter of $6\frac{1}{2}$ cm. In a former confinement basiotripsy had been performed. The period of pregnancy had passed without accident, and the patient appeared at the hospital at the beginning of her labor, the cervix not being effaced. An incision, 18 cm. long was made upward from the pubis. The anterior face of the uterus appeared at the opening and the entire body of the womb immediately projected without the abdomen, an occurrence which greatly facilitated the operation. An incision, 16 cm. long, was made through the anterior wall of the uterus, which was so thin that the scalpel scratched the skin of the child. The left shoulder presented, and the child was rapidly removed together with an intact placenta. The hæmorrhage was slight and easily checked by compression and an injection of ergotine. After the removal of the infant the incision contracted to 8 cm. The parts were injected with water at 120° F., and the uterine wound was closed by 10 silver sutures traversing the muscular tissue without touching the mucous membrane, and 10 superficial sutures applied to the peritoneum. The lumen of the tubes was closed by ligatures, to prevent another impregnation. The operation was concluded by a rapid peritoneal toilet and the apposition of the lips of the external wound by seven deep, and twelve superficial sutures, the entire operation having lasted an hour and a quarter. Both mother and child survived and did well.—*Société de Chirurgie de Paris*, March, 1889.

E. PILCHER (U. S. Army).